DECLARATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET NO.

As a below name of the specifically referred to in this Declaration, that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 201 below, or a joint inventor if plural inventors are named below at 201 et seq., of the invention entitled:

		METHOD OF TREATIN							
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		ibed and claimed in:							
		d specification or						•	
ı⊻ı tı		cation in application Serial		10/643,986			amende	ed	
	(for declara	tion not accompanying applicat	ion)		(Day	, Month, `	rear)	(Day, Month, Year)	
with beformathis a appli more represtwely	37 CFR 1. re my or ou ore than or application, cation in and than twelves re months ;	dge a duty to disclose inforr 56(a), that I do not know an ir invention thereof or patent he year prior to this applicat that the invention has not be ny country foreign to the Un we months prior to this appli or assigns in any country for or or the filing date of this on are identified at 600, and,	nd do no ed or de ion, or io been par ited Sta cation a foreign to application	ot believe that the scribed in any public use or contented or made to tes of America conditions that as to applic to the United Station and all foreit	he same was e printed publication on sale in the U the subject of a on an application oplications for p ates of America on applications	ever know on in any Inited Sta In invento In filed by atent or i	or or used in the country before nates of America mors certificate ission me or my legal nventor's certificatilest filed foreign	United States of America ny or our invention thereof, nore than one year prior to used before the date of this representatives or assigns ate filed by me or my legal ny application(s) filed within	
	CHECK AP	PROPRIATE BOX:							
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_	L Requ	Required information as to foreign applications filed prior to filing date of this application is at 601 on page 2 attached hereto and made a part hereof.							
and t Do Ge	/ER OF AT transact all mald T. Bla erald L. Coc anley Ktoric	on Reg. No	Tradem 5. 27999 5. 29910	ark Office conne David M Unie A.	ne following atto ected therewith. f. Rosenblum Schwartz T. Trinker	(List nan R R	and/or agent(s) to ne and registratio eg. No. 29341 eg. No. 43909 eg. No. 28274	prosecute this application n number)	
SEN	D CORRES	SPONDENCE TO:			DIRECT TELE	PHONE	CALLS TO:		
DD A V	/AID O T TO	ECHNOLOGY, INC.							
	Department !				Iurie A. Schwartz (203) 837-2115				
	d Ridgebury								
	ury, ČT 068								
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202 201	FULL	LAST NAME		FIRST NAME			MIDDLE NAME		
	NAME OF INVENTOR	MCDONALD		05755					
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	OFFICE	POST POST OFFICE ADDRESS OFFICE		CITY			R COUNTRY	ZIP CODE	
	ADDRESS	P.O. Box 154	Box 154 Blauve				York	10913	
	FULL NAME OF	LAST NAME		FIRST NAME			MIDDLE NAME	1.55.5	
	INVENTOR	1	,				ŀ	•	
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0	☐ Additio	itional matter on page 2 attached hereto and made a part hereof. When page 2 is used, all signatures must be signed on page 2.							
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•••	LIST Of	Applicants continued on page 2		J Yes	⊠ No				
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